

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

CLINIC MANAGEMENT STRUCTURE AND STAFF ROLES

**IHSC Directive: 01-09
ERO Directive Number: 11709.1
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 25 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

- 1. PURPOSE:** This directive establishes policy and procedures in the operation of the U.S. Immigration and Customs Enforcement Health Service Corps (IHSC) management structure for the delivery of health care services at IHSC-staffed facilities.
- 2. APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff.
- 3. AUTHORITIES AND REFERENCES:**
 - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 ([8 C.F.R. § 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2.** Section 322 of the Public Health Service Act, as amended, Title 42, U.S. Code, Section 249(a) ([42 U.S.C. § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-3.** Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4.** Title 42, U.S. Code, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens;
 - 3-5.** Title 8, Code of Federal Regulations, Part 232 ([8 C.F.R. 232](#)), Detention of Aliens for Physical and Mental Examination;

- 3-6. Title 8, Code of Federal Regulations, Section 241.14 (f) ([8 C.F.R. § 241.14\(f\)](#)), Detention of Aliens Determined to be Specially Dangerous;
 - 3-7. Title 42, U.S. Code, Section 9501 ([42 U.S.C. § 9501](#)), Bill of Rights;
 - 3-8. Title 42, U.S. Code, Section 13955cc (f) ([42 U.S.C. § 13955cc \(f\)](#)), Maintenance of Written Policies and Procedures;
 - 3-9. IHSC Directive: 01-16, ERO Directive Number: 11715.1, Federal Enterprise Architecture Number: 306-112-002b, *Standards of Conduct*;
 - 3-10. Commissioned Corps Issuance System: 211.01, *Standards of Conduct* (Old CCPM 26.1.1);
 - 3-11. DHS Directives System, Instruction Number: 248-01-001, Revision Number: 01, *Medical Quality Management*; and
 - 3-12. DHS Directives System, Directive Number: 248-01, Revision Number: 00, *Medical Quality Management*.
 - 3-13. Government/Contractor Relationship Guide
4. **POLICY:** At IHSC-staffed facilities, IHSC health care personnel provide health care to detainees and residents, hereafter referred to as “detainees,” in accordance with established guidelines and as reflected in their position descriptions.
- 4-1. **Health Care Service Delivery.** IHSC health care personnel provide direct care to detainees housed in IHSC-staffed facilities. The responsible health authority identifies and eliminates any access to care barriers to detainees receiving health care. Qualified health care providers make all clinical decisions for medical, mental health and dental services.
- a. **Post Orders and Position Descriptions:** Post orders identify the specific responsibilities assigned to IHSC health care personnel while working in specific locations and for specific tasks. These include the health care providers’ daily duties, responsibilities, maintenance of confidentiality and procedures for reporting on and off duty (e.g., change of shift, breaks). Position descriptions identify the tasks for specific job positions. IHSC staff is subject to the same security regulations as other facility employees.
 - b. **Clinic Efficiency:** The health services administrator (HSA) and/or assistant health services administrator (AHSA) incorporates systems in the clinic to promote efficiency. Administrative decisions (such as utilization reviews) are coordinated, if necessary, with clinical needs to optimize patient care and minimize disruptions in continuity of care.

c. **Laboratory:** Health care personnel must complete all laboratory tests daily at a time designated by the HSA. Health care personnel must complete laboratory tests immediately when test results are needed urgently or when laboratory tests require special processing or rapid transportation.

d. **Privacy of Care:**

- (1) Clinical encounters and discussions about personally identifiable health information occur in private to avoid being observed or overheard.
- (2) Security staff are present only if the detainee poses a risk to the safety of the health care professional or others.
- (3) Security staff and interpreters who observe or hear health encounters are given instructions on maintaining confidentiality.

4-2. Health Authority. The HSA is a health professional who serves as the designated health authority and the local point of contact responsible for all administrative decisions in the provision of health care at IHSC-staffed facilities. In partnership with the Clinical Director (CD) the HSA arranges for all levels of health care to promote quality, accessible and timely health services for detainees. The HSA's responsibilities are documented in a position description. The HSA may be a physician, other health care provider, or health administrator.

4-3. Medical Authority. The CD is the designated medical authority and the local point of contact responsible for all clinical decisions in the facility. The physician on site will provide clinical collaboration and supervision for the mid-level providers.

4-4. Clinical Practice/Nursing Guidelines. IHSC uses various clinical/nursing practice guidelines ensure that health care providers are performing within the accreditation standards and scope of their practice.

- a. Physicians, clinical pharmacists (CP), nurse practitioners (NP) and physician assistants (PA) follow the IHSC clinical practice guidelines. (See IHSC directive #03-04, *Clinical Practice Guidelines* for more information.)
- b. Nurses must act in accordance and comply with the relevant nursing state practice acts. All nurses will only provide care that is appropriate to the level of competence and education of each individual nurse. Nurses will follow nursing procedures set forth in the latest edition of the Lippincott Manual of Nursing. All nurses will be evaluated for nursing competence

annually. All registered nurses must follow the current Clinical Nursing Guidelines (See IHSC OM 16-027 Clinical Nursing Guidelines).

- 4-5. Staff Governance.** IHSC employs PHS Commissioned Corps officers and civil service employees, hereafter referred to as “federal staff.” Federal staff are supervised by a supervisory chain of command through the CD or HSA. A federal contractor provides services in accordance with the applicable contract and its performance is monitored by a Contracting Officer Representative (COR). An on-site technical monitor will provide feedback to the COR regarding contract compliance and performance.
- 4-6. Staff Responsibilities.** A brief summary of the responsibilities of positions defined by IHSC are summarized below. Staff responsibilities are mandated by their position descriptions, as applicable. More detail of duties and responsibilities are found in specific position descriptions and billets.
- a. **HSA:** The HSA plan, implements, directs and controls all aspects of the clinic’s administration. The HSA arranges for all levels of health care and assures quality, accessibility, and timely health services for all of the population served. In addition, the HSA provides supervision of federal staff and may serve as the on-site technical monitor.
 - b. **AHSA:** The AHSA is responsible for the day-to-day administrative operations of the medical clinic as assigned by the HSA. The AHSA assumes overall administrative responsibility in the absence of the HSA.
 - c. **CD:** The CD is a physician responsible for the clinical care provided at the facility. The CD evaluates patient care through an ongoing performance improvement program that identifies problems and their solutions, and provides clinical supervision of all medical staff. This may include direct supervision, direct medical care and reviews of all medical records at the facility.
 - d. **Staff Physician:** Staff physicians provide medical care and treatment planning for the detainee population. The staff physicians review medical records to provide clinical oversight to nurse practitioners/physician assistants as required by the scope of practice policies, guidelines and laws. Pediatric staff physicians care for detainees 21 years of age and younger.
 - e. **Mid-Level Providers (MLPs):** MLPs include NPs and PAs. MLPs are authorized to oversee the operations of the Medical Housing Unit, clinical laboratory, x-ray department, sick call triage, emergency medical, and dental care, and additional duties, as outlined in their position descriptions, or as delegated by the on-site medical authority. MLPs act within their IHSC scope of practice and within the specifications of state licensure.

- f. **Nurse Manager:** The nurse manager is responsible for the planning, implementation, monitoring, analyses and delivery of nursing services, and supervises and evaluates all of the functions of nursing. The nurse manager also supports all levels of nursing at any time in the facility.
- g. **Registered Nurse (RN):** A Registered Nurse evaluates, plans, implements, and intervene on nursing care provided to detainees or residents within their respective scope of practice for applicable state licensure. Registered nurses will only provide care that is appropriate to the level of competence and education of each individual nurse. Competence will be evaluated at orientation, with all new procedures, and on yearly basis. Registered nurses will work in collaboration with independently licensed providers to provide holistic coordinated care.
- h. **Licensed Practical/Vocational Nurse (LPN/LVN):** LPNs/LVNs work under the direction of the nurse manager and registered nurses in provision of detainee health care services. Licensed Practical/Vocational nurses will only provide care that is appropriate to the level of competence and education of each individual nurse. Competence will be evaluated at orientation, with all new procedures, and on yearly basis.
- i. **Certified Nursing Assistants (CNA):** Certified Nursing Assistants work under the direction of the nurse manager, registered nurses, and licensed vocational nurses/licensed practical nurses (LVN/LPN) in provision of detainee health care services. Nursing Assistants will only provide care that is appropriate to the level of competence and education of each individual certified nursing assistant. Competence will be evaluated at orientation, with all new procedures, and on yearly basis.
- j. **Medical Assistant:** Medical assistants work under the direction of a physician, MLP, or RN in the provision of detainee health care services. Medical Assistants will only provide care that is appropriate to the level of competence and education of each individual medical assistant. Competence will be evaluated at orientation, with all new procedures, and on yearly basis.
- k. **Lead Pharmacist:** The lead pharmacist is responsible for the procurement, distribution, administration, dispensing and accountability of all medications in the facility. For sites with two pharmacists, the lead pharmacist supervises the staff pharmacist.
- l. **Clinical Pharmacist:** Clinical pharmacists have either a doctoral degree in pharmacy (PharmD) or a bachelor's degree in pharmacy with either additional certification in medication therapy management (MTM) or national board certification (BCPS, BCACP, etc.). In addition to traditional

pharmacist duties, CPs are authorized to provide disease state management services for patients with chronic medical conditions as defined in the collaborative practice agreement: [OM 16-026 Clinical Pharmacist Collaborative Practice and Guide](#)

- m. **Staff Pharmacist:** The staff pharmacist is responsible for the procurement, distribution, administration, dispensing and accountability of all medications in the facility, as directed by the lead pharmacist. The staff pharmacist is supervised by the lead pharmacist.
- n. **Pharmacy Technician:** Pharmacy technicians are responsible for performing tasks as directed under the supervision of the pharmacist.
- o. **Lead Dentist:** The lead dentist provides clinical supervision of assigned dental staff and serves as the on-site dental authority. The lead dentist is responsible for the delivery of appropriate dental care including diagnosing, treating and preventing diseases and injuries associated with the oral cavity.
- p. **Staff Dentist:** The staff dentist is responsible for the delivery of appropriate dental care including diagnosing, treating and preventing diseases and injuries associated with the oral cavity. The staff dentist is supervised by the lead dentist.
- q. **Registered Dental Hygienist:** Registered dental hygienists are responsible for providing advanced prophylactic and preventive dental care, assisting chair side with the lead dentist and performing other tasks as directed under the clinical supervision of the lead dentist.
- r. **Dental Assistant:** Dental assistants are responsible for performing a wide range of intra-oral dental procedures and other tasks as directed under the clinical supervision of the staff dentist.
- s. **Behavioral Health Provider (BHP):** BHPs (i.e., psychiatrists, psychologists, psychiatric mental health advanced practice registered nurse (PMH-APRN) and independently licensed social workers) are responsible for the management of the behavioral health program, as well as patient care and treatment planning, at their assigned facility and/or via tele-health.
- t. **Medical Records Technicians (MRT):** MRTs are responsible for the scheduling of medical appointments internally and with specialty providers outside the facility, data entry, completion of the medical record, compiling records for daily appointments, and other administrative assistance as indicated by the HSA.

- u. **Administrative Assistant (AA):** AAs perform a variety of routine administrative and miscellaneous clerical work required at the facility.
- v. **Other Medical Services Staff:** The duties of other medical services staff are mandated by their position description, as applicable.
- w. **Regional Clinical Director (RCD):** The RCD is responsible for the clinical oversight of their region and for peer reviews. They also assist the Associate Medical Director and Deputy Assistant Director (DAD) of Clinical Services, as needed.
- x. **Regional Health Services Administrator (RHSA):** The RHSA is responsible for the administrative oversight of their region. They provide oversight to each HSA and ensure all access to care, personnel, equipment and fiscal resources are available to support the delivery of health care services for their respective facilities.
- y. **Chief Mid-Level Provider (MLP):** The IHSC Chief MLP is responsible for providing leadership, mentorship and supervisory oversight of IHSC MLP program and practices. The Chief MLP is responsible for policy and program development and review, program and serves as a consultant in areas of medical quality management, accreditation compliance and audits and MLP clinical care.
- z. **Chief Nurse:** The IHSC Chief Nurse serves as the senior nursing professional for IHSC. He or she is responsible for the oversight of the nursing program throughout the nation at all IHSC-staffed facilities. The Chief Nurse provides nursing consultation, reporting, and coordination services. Additionally, he or she reviews and revises all policies related to nursing care. The Chief Nurse is responsible for all nursing issues to include, but not limited to, nurse mentoring, directing nursing scope of practice, and maintains standard competencies for Registered Nurses (RN), Licensed Vocational Nurses/Licensed Practice Nurses (LVN/LPN), Medical Assistants (MA), and Certified Nurses Aids (CNA). The Chief Nurse is also responsible for the oversight in coordination with the Assistant Medical Director of the IHSC Clinical Nursing Guidelines. He or she also researches medical issues related to nursing and patient care. (IHSC Operational Definition)
- aa. **Chief Dentist:** The Chief Dentist is responsible for overseeing all IHSC dentists in order to maintain and stabilize the detained populations' oral health. The IHSC dental team strives to elevate the oral health status of detainees by providing diagnosis and treatment, administering education and prevention programs and through consultation services when necessary. (IHSC Operational Definition)

- bb. **Chief Pharmacist:** The IHSC Chief Pharmacist serves as the senior pharmacy professional for IHSC. He or she is responsible for the oversight of the pharmacy program throughout the nation at all IHSC staffed facilities and for informing executive decisions related to all pharmacy matters. The Chief Pharmacist provides pharmacy consultation, reporting and coordination services. Additionally he or she reviews and revises all national policies and procedures related to pharmacy operations. The Chief Pharmacist is responsible for all pharmacy issues to include, but not limited to, formulary development and maintenance, pharmacist practitioner scope of practice, competencies for pharmacy staff, and pharmacy supply contracts. The Chief Pharmacist also reviews the RN Guidelines to provide insight on medication regimen options. (IHSC Operational Definition)

5. PROCEDURES:

- 5-1. **Supervisory Activities:** The HSA must supervise federal staff in collaboration with the CD as the medical authority. Where applicable, the HSA will supervise contract staff in collaboration with the CD.
- a. **Staff Development:** The medical training officer at the facility will provide staff development activities to improve the knowledge, expertise and compliance of staff to support IHSC and ICE strategic plans. Staff development activities, including professional growth opportunities, will be provided using available resources.
 - b. **Feedback:** The HSA will provide feedback to employees and the feedback will focus on the positive progression of an individual's performance. The HSA will solicit input from the CD, RCD and RHA, as appropriate.
 - c. **Counseling:** HSAs will provide counseling to federal staff regarding any performance or personnel concerns in order to ensure compliance with applicable guidelines, policies and standards. The CD will also be involved in counseling when federal staff is involved. Counseling may be administered either verbally or in writing, and the HSA must document when formal or official levels of counseling are necessary. Refer to ICE Human Capital Employee Performance Management & Awards for Supervisors/Managers
(b)(7)(E) When performance or personnel concerns arise with contract staff, email the contract employer to address the specific issue and copy the COR email.
 - d. **Evaluations:** The HSA or designee must complete annual evaluations for each federal staff member. The HSA or designee will also complete mid-term evaluations for each federal staff member to ensure a clear understanding of the individual's performance during the rating period.

Scoring and comments will be shared with the RHA and RCD, as appropriate. The federal staff member will review the mid-term and annual evaluation and sign an acknowledgement of receipt. The federal staff member will also have an opportunity to provide input or concerns regarding these evaluations. Contractor employees are evaluated by their employer.

- e. **Recognition:** HSAs and HQ staff will utilize awards and recognition programs to identify individuals performing at a high level within the organization and encourage optimal staff performance for Federal Staff. [Refer to Government/Contractor Relationship Guide for contract staff guidance.](#)

- (1) **ICE Awards:** See ICE Directive: 30006.1, *ICE Awards Program*, dated 12 December 2009, and *ICE Awards Program Handbook*

(b)(7)(E)

- (2) **IHSC Awards:** See IHSC Directive: 01-34, *IHSC Awards Program*, dated 9 July 2014; and IHSC Operations Memorandum 14-003, *Employee Awards Recognition*, dated 8 April 2014.

- (3) **PHS Commissioned Corps:** See Commissioned Corps Issuance System (CCIS) 511.01, *Awards Program* (Old CCPM: CC27.1.1).

5-2. IHSC Administrative Meetings, Reports and Reviews

- a. The HSA or AHSA holds a staff meeting at least monthly and keeps minutes. These minutes are sent to attendees and retained locally.
- b. Statistical reports of health services are made at least monthly by the HSA or designee. These reports are used to monitor trends in the delivery of health care.
- c. The HSA or designee maintains an accessible binder with all IHSC policies, guides, operational memoranda which are updated by IHSC Headquarters' Medical Quality Management Unit annually. This binder will have a cover sheet signed by the IHSC AD with the most recent date of review.
- d. The HSA or designee maintains a binder with all local operating procedures (LOPs). All LOPs must be reviewed by the Regional Health Service Administrator and the Medical Quality Management Unit prior to implementation.

- 5-3. **Coordination with ICE staff:** The HSA must coordinate all non-routine patient care activities with the Field Office Director (FOD), Assistant Field Office Director (AFOD) and supporting ICE staff, and the CD must provide

medical necessity background information. The CD will provide the Custody Management representative with information concerning the risks and benefits of clinical treatment to inform Custody Management decisions.

- a. **Significant Detainee Illness Notification:** HSAs must meet with ICE facility leadership to discuss significant detainee illnesses on at least a bi-weekly basis. CDs are invited to attend, and should attend, dependent on the agenda items and other priorities. IHSC leadership will be invited to these meetings, as appropriate.
 - b. **Monthly ICE Meeting:** HSAs must meet with ICE leadership on at least a monthly basis to discuss critical agenda items to facilitate the most effective support of ICE operations. More frequent meetings will take place, as needed, to ensure smooth operations. Documentation of these meetings are required.
 - c. **ICE/IHSC Leadership Coordination:** The HSA will notify the FOD of any outstanding or unresolved issues on a routine basis. The HSA will provide a summary of quarterly ICE/IHSC meetings and an overall status on the facility's medical operations to the FOD on at least an annual basis.
6. **HISTORICAL NOTES:** This directive replaces the previous version of IHSC Directive: 01-09, *Clinic Management Structure and Staff Roles*, dated 23 July, 2014. This directive makes changes to all sections. It also adds NCCHC reference J-E-11, Nursing Assessment Protocols.
7. **DEFINITIONS:** See definitions in the IHSC Glossary located on SharePoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)
8. **APPLICABLE STANDARDS:**
- 8-1. **Performance-Based National Detention Standards (PBNDs):**

PBNDs 2011:

4.3: Medical Care.

PBNDs 2008:

22: Medical Care.
 - 8-2. **ICE Detention Standards**

ICE National Detention Standards 2000:

Medical Care.

ICE Family Residential Standards:

4.3: Medical Care.

7.3: Staff Hiring and Training.

8-3. American Correctional Association (ACA):

Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

4-ALDF-4D-01: Health Authority.

4-ALDF-4D-02: Provision of Treatment.

4-ALDF-4D-03: Personnel Qualifications.

Standards for Adult Correctional Institutions, 4th edition:

4-4380: Health Authority.

4-4381: Provision of Treatment.

4-4382: Personnel Qualifications.

Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:

1-HC-2A-01: Health Authority.

1-HC-2A-02: Provision of Treatment.

1-HC-2A-03: Personnel Qualifications.

8-4. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014:

J-A-01: Access to Care

J-A-02: Responsible Health Authority.

J-A-03: Medical Autonomy.

J-A-04: Administrative Meetings and Reports

J-A-05: Policies and Procedures

J-A-09: Privacy of Care

J-C-02: Clinical Performance Enhancement.

J-C-03: Professional Development.

J-A-04: Administrative Meetings and Reports.

J-C-03: Professional Development.

J-C-04: Health Training for Correctional Officers.

J-E-11: Nursing Assessment Protocols

- 9. PRIVACY AND RECORDKEEPING.** Records generated as described in this policy are maintained in accordance with the Federal Records Act and DHS Directives System, Directive Number: 141-01, Revision Number: 01, *Records and Information Management*.

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff will lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** Only authorized individuals with a need to know are permitted access to health records and sensitive PII.
- 9-3.** Staff must be trained at orientation and annually on the protection of patient medical information and sensitive PII.
- 9-4.** Staff will reference the DHS *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at:
(b)(7)(E)
when additional information concerning safeguarding sensitive PII is needed.

- 10. NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

